

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807215

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
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10	/						60						
11	/						61						
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42							92						
43							93						
44							94						
45							96						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	20						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						